

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner: Kevin M. Nguyen

In re application of: Kenneth Perlin, Salvatore Paxia and Joel S. Kollin Application No.: 09/909,927 Group No.: 2674

Filed: 07/20/2001

For: AUTOSTEREOSCOPIC DISPLAY

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

04/20/2006 LWDNDIM1 00000026 09909927

01 FC:2252

225.00 OP

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

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I hereby certify that, on the date shown below, this correspondence is being:

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X deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

37 C.F.R. § 1.10*

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 $\hfill\Box$ facsimile transmitted to the Patent and Trademark Office, (571) 273 - 8300.

Signature

Tracey L. Klaas

(type or print name of person certifying)

^{*} Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for two months:

Fee:

e: \$225.00

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Co	l. 2)	(C		SMALL ENTITY						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR		PRESENT EXTRA			RATE			ADDIT. FEE		
TOTAL	21	_	20	=	1	х	\$	25.00	=	\$	25.00	
INDEP.	4	-	3	=	1	х	\$	100.00	=	\$	100.00	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						[+	\$	0.00	=	\$	0.00	
							AD:	TOTAL DIT. FEE		\$	125.00	

Total additional fee for claims required \$125.00

FEE PAYMENT

5. Attached is a check in the sum of \$350.00.

A duplicate of this paper is attached.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 19-0737.

If an additional fee for claims is required, charge Account No. 19-0737.

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